

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

STUDENT NAME: [REDACTED]	DISABILITY CLASSIFICATION: [REDACTED]
DATE OF BIRTH: [REDACTED] LOCAL ID #: [REDACTED]	
PROJECTED DATE IEP IS TO BE IMPLEMENTED: 07/06/2023	PROJECTED DATE OF ANNUAL REVIEW: 06/13/2024

STUDENT NAME: Azaan Akhter

NYC ID:243594876

[illegible]

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

Category	Value (approximate percentage)
1	95
2	95
3	95
4	95
5	95
6	95
7	95
8	95
9	95
10	95
11	95
12	95
13	95
14	95
15	95

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

ACADEMIC ACHIEVEMENT, FUNCTIONAL PERFORMANCE AND LEARNING CHARACTERISTICS

LEVELS OF KNOWLEDGE AND DEVELOPMENT IN SUBJECT AND SKILL AREAS INCLUDING ACTIVITIES OF DAILY LIVING, LEVEL OF INTELLECTUAL FUNCTIONING, ADAPTIVE BEHAVIOR, EXPECTED RATE OF PROGRESS IN ACQUIRING SKILLS AND INFORMATION, AND LEARNING STYLE:

A [REDACTED] enrolled in a 6:1:1 class who is presently following an instructional program based on the Next Generation Learning Standards with accommodations and modifications. A [REDACTED] is exempt from New York State and Local Standardized Assessments and participates in Alternate Assessment due to cognitive deficits and significant delays in communication and social functioning.

Student was not in attendance at annual review meeting due to [REDACTED] age. [REDACTED] needs and wants are expressed throughout the meeting with help from [REDACTED] parent and school team. The legal guardian was invited, attended and participated by phone in the conference and transition planning. The student's BCBA provider was invited, attended and participated by phone.

Levels of Knowledge and Development in Subject and Skill Areas

Reading:

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

[illegible]

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

Expected Rate of Progress:

Based upon [REDACTED]'s previous IEP goals (06/27/2022), [REDACTED] has made progress and mastered his reading and math goals, and needs some additional time with modifications to master his writing and social-emotional goals.

Based on documented teacher observations, [REDACTED] has made progress in reading first-grade sight words, [REDACTED] can now read a familiar text with verbal prompting. Based on teacher observations, [REDACTED] would benefit from more time to work [REDACTED] previous 2021-2022 writing goal of writing personal details (full name and birthdate). [REDACTED] has made progress in his previous math goal of adding amounts with sums up to 20. Finally, [REDACTED] would benefit from more time to master [REDACTED] 2021-2022 social-emotional goal in sharing food or a preferred item(s) with a peer. [REDACTED]'s reading, math, and social-emotional goals will be changed to reflect his progress and will include the use of visuals, repetition and verbal prompting. [REDACTED] previous goals will continue to be addressed with modifications during classroom instruction and activities.

██████████ is expected to make a full year worth of progress in a calendar year. ██████████ will work on these new skills through a variety of instructional strategies: class activities, Discrete Trial Instruction (DTI), 1:1 instruction and related service sessions.

Learning Style:

Speech-Language:

receives monolingual speech and language therapy five times per week individually (5x30:1) for thirty minutes each session.

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

[REDACTED]

STUDENT STRENGTHS, PREFERENCES, INTERESTS:

[REDACTED]

ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

[REDACTED]

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

A [REDACTED] mom and [REDACTED] BCBA were in attendance for the annual IEP meeting on 06/13/2023 via teleconference. Mom was in agreement with academic goals, mandates and recommended services at the time of the meeting. Mom and [REDACTED] BCBA expressed that [REDACTED] has started talking more and they do not want to keep [REDACTED] Augmentative and Alternative Communication (AAC) device. They want to encourage [REDACTED] to use [REDACTED] own words rather than to use the device. Mom did not express any concerns regarding academic progression. The IEP team will continue to support [REDACTED]'s academic, social/emotional and behavioral growth by providing Specially Designed Instruction, Positive Behavior Supports, Token Economy, frequent sensory breaks, Related Services, accommodations and modifications.

SOCIAL DEVELOPMENT

THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S RELATIONSHIPS WITH PEERS AND ADULTS; FEELINGS ABOUT SELF; AND SOCIAL ADJUSTMENT TO SCHOOL AND COMMUNITY ENVIRONMENTS:

STUDENT STRENGTHS:

SOCIAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

ve Behavior Supports, First/Then Board, frequent sensory breaks, Token Economy, Related Services, accommodations and modifications.

Mom and [REDACTED]s BCBA were in attendance for the annual IEP meeting on 06/13/2023 via teleconference. Mom was in agreement with goals, mandates, and related services recommended at the time of the meeting. Mom did not express any concerns regarding A [REDACTED]

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

social/emotional development at this time. The IEP team will continue to support A [REDACTED]'s academic, social/emotional and behavioral growth by providing Specially Designed Instruction, Positive Behavior Supports, Token Economy, frequent sensory breaks, Related Services, accommodations and modifications.

PHYSICAL DEVELOPMENT

THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S MOTOR AND SENSORY DEVELOPMENT, HEALTH, VITALITY AND PHYSICAL SKILLS OR LIMITATIONS WHICH PERTAIN TO THE LEARNING PROCESS:

[REDACTED]

PT: A [REDACTED] receives physical therapy 3x30min/week individually to address gross motor

[REDACTED]

receive physical therapy 3x30:1 to address his gross motor deficits.

OT: A [REDACTED] currently receives Occupational Therapy 3x per week 30 minute individual sessions. [REDACTED]

[REDACTED]

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS**DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS**

[REDACTED]

[REDACTED] Recommend continuation of Occupational Therapy 3x per week 30 minute individual sessions to maximize school performance and independence.

STUDENT STRENGTHS:

PT: [REDACTED]

OT: [REDACTED]

[REDACTED]

PHYSICAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

PT: A [REDACTED]'s mother expressed concerns about [REDACTED] ability to carry objects at home, such as a plate, without dropping it. PT and OT will continue to focus on activities to improve [REDACTED] hand strength, motor planning and bilateral coordination.

OT: A [REDACTED]'s mother attended IEP meeting remotely. Agreed with OT goals, progress and mandate. No concerns reported at this time related to Occupational Therapy.

MANAGEMENT NEEDS

[REDACTED]

Testing Accommodations: On-task focusing prompts, breaks, a location with minimal distractions, human read aloud testing material and individualized manipulatives during testing to ensure [REDACTED] completes the test the best to his ability by staying focused and remaining on task.

Extended school year to minimize loss of skills (6-week summer school)

A [REDACTED] can participate in Art and Music in his current ratio of 6:1:1 with accommodations and modifications.

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS**DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS**

Transportation from the closest safe curb location to school due to [REDACTED] impairment in following and responding to safety protocols, cognition, and communication skills.

A [REDACTED] previously was recommended to use an Assistive Technology device; it has since been determined that A [REDACTED] no longer requires a device for Assistive Technology due to A [REDACTED]'s ability to express his needs and wants with minimal assistance.

Related Services;

Physical Therapy: Continue current PT mandate 3x30:1

Speech and Language Therapy: Continue current mandate 5x30:1

Occupational Therapy: Continue current mandate of 3x30:1

Monthly parent training/counseling as needed

EFFECT OF STUDENT NEEDS ON INVOLVEMENT AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM OR, FOR A PRESCHOOL STUDENT, EFFECT OF STUDENT NEEDS ON PARTICIPATION IN APPROPRIATE ACTIVITIES

[REDACTED]

STUDENT NAME: [REDACTED]**NYC ID:** [REDACTED]**STUDENT NEEDS RELATING TO SPECIAL FACTORS**

BASED ON THE IDENTIFICATION OF THE STUDENT'S NEEDS, THE COMMITTEE MUST CONSIDER WHETHER THE STUDENT NEEDS A PARTICULAR DEVICE OR SERVICE TO ADDRESS THE SPECIAL FACTORS AS INDICATED BELOW, AND IF SO, THE APPROPRIATE SECTION OF THE IEP MUST IDENTIFY THE PARTICULAR DEVICE OR SERVICE(S) NEEDED:

[REDACTED]

STUDENT NEEDS RELATING TO SPECIAL FACTORS

BASED ON THE IDENTIFICATION OF THE STUDENT'S NEEDS, THE COMMITTEE MUST CONSIDER WHETHER THE STUDENT NEEDS A PARTICULAR DEVICE OR SERVICE TO ADDRESS THE SPECIAL FACTORS AS INDICATED BELOW, AND IF SO, THE APPROPRIATE SECTION OF THE IEP MUST IDENTIFY THE PARTICULAR DEVICE OR SERVICE(S) NEEDED:

[REDACTED]

STUDENT NAME: A [REDACTED] A [REDACTED]

NYC ID: [REDACTED]

BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE IF DETERMINED APPROPRIATE)

MEASURABLE POSTSECONDARY GOALS

LONG-TERM GOALS FOR LIVING, WORKING AND LEARNING AS AN ADULT

EDUCATION/TRAINING: Deemed not applicable at this time.

EMPLOYMENT: Deemed not applicable at this time.

INDEPENDENT LIVING SKILLS (WHEN APPROPRIATE): Deemed not applicable at this time.

TRANSITION NEEDS

In consideration of present levels of performance, transition service needs of the student that focus on the student's courses of study, taking into account the student's strengths, preferences and interests as they relate to transition from school to post-school activities:

Deemed not applicable at this time.

STUDENT NAME: A [REDACTED] A [REDACTED]

NYC ID: [REDACTED]

ALTERNATE SECTION FOR STUDENTS WHOSE IEPs WILL INCLUDE SHORT-TERM INSTRUCTIONAL OBJECTIVES AND/OR BENCHMARKS (REQUIRED FOR PRESCHOOL STUDENTS AND/OR SCHOOL-AGE STUDENTS WHO MEET ELIGIBILITY CRITERIA TO TAKE THE NEW YORK

STATE ALTERNATE ASSESSMENT)			
MEASURABLE ANNUAL GOALS			
THE FOLLOWING GOALS ARE RECOMMENDED TO ENABLE THE STUDENT TO BE INVOLVED IN AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM OR, FOR A PRESCHOOL CHILD, IN APPROPRIATE ACTIVITIES, ADDRESS OTHER EDUCATIONAL NEEDS THAT RESULT FROM THE STUDENT DISABILITY, AND, FOR A SCHOOL-AGE STUDENT, PREPARE THE STUDENT TO MEET THEIR POSTSECONDARY GOALS.			
ANNUAL GOALS WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT	CRITERIA MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED	METHOD HOW PROGRESS WILL BE MEASURED	SCHEDULE WHEN PROGRESS WILL BE MEASURED
[REDACTED]			
SHORT-TERM INSTRUCTIONAL OBJECTIVES AND/OR BENCHMARKS (INTERMEDIATE STEPS BETWEEN THE STUDENT'S PRESENT LEVEL OF PERFORMANCE AND THE MEASURABLE ANNUAL GOAL):			
[REDACTED]			
IEP PROGRESS REPORT			
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[REDACTED]			
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[REDACTED]			
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[REDACTED]

[REDACTED]

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[REDACTED]

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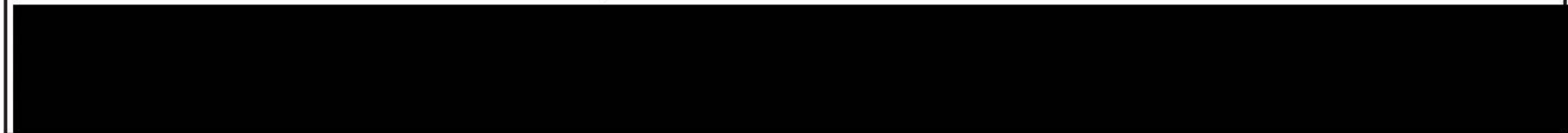
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Speech-Language:		speech therapist	1 time per month
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		Class/OT Activities	1 time per month
<div></div>			
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STUDENT NAME: A■■■■ A■■■■

NYC ID: ■■■■■

REPORTING PROGRESS TO PARENTS

Identify when periodic reports on the student's progress toward meeting the annual goals will be provided to the student's parents:
 4 times per year: Dec., March, June, August, with report cards

STUDENT NAME: A■■■■ A■■■■

NYC ID: ■■■■■

RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES

SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS*	FREQUENCY HOW OFTEN PROVIDED	DURATION LENGTH OF SESSION	LOCATION WHERE SERVICE WILL BE PROVIDED	PROJECTED BEGINNING / SERVICE DATE(S)
SPECIAL EDUCATION PROGRAM:					
Special Class Math	6:1+1 Language of Service: English	10 time(s) per week	Period	Special Education Classroom	07/06/2023
Special Class ELA	6:1+1 Language of Service: English	10 time(s) per week	Period	Special Education Classroom	07/06/2023
Special Class Social Studies	6:1+1 Language of Service: English	4 time(s) per week	Period	Special Education Classroom	07/06/2023

RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES					
Special Class Sciences	6:1+1 Language of Service: English	4 time(s) per week	Period	Special Education Classroom	07/06/2023
RELATED SERVICES:					
Occupational Therapy	Individual service Language of Service: English	3 time(s) per week	30 minutes	Separate Location Therapy Room, Special Education Classroom	07/06/2023
Parent Counseling and Training	Individually/Group	Monthly	Up to 60 Minutes	School(s)/Virtually	07/06/2023
Physical Therapy	Individual service Language of Service: English	3 time(s) per week	30 minutes	Separate Location Therapy Room, Special Education Classroom	07/06/2023
Speech-Language Therapy	Individual service Language of Service: English	5 time(s) per week	30 minutes	Separate Location Therapy Room, Special Education Classroom	07/06/2023
SUPPLEMENTARY AIDS AND SERVICES/PROGRAM MODIFICATIONS/ACCOMMODATIONS:					
ASSISTIVE TECHNOLOGY DEVICES AND/OR SERVICES:					
SUPPORTS FOR SCHOOL PERSONNEL ON BEHALF OF THE STUDENT:					
* Identify, if applicable, class size (maximum student-to-staff ratio), language if other than English, group or individual services, direct and/or indirect consultant teacher services or other service delivery recommendations.					

STUDENT NAME: A [REDACTED] A [REDACTED]

NYC ID: [REDACTED]

12-MONTH SERVICE AND/OR PROGRAM - Student is eligible to receive special education services and/or program during July/Augus.: ☐ No

☒ Yes

If yes:

☒ Student will receive the same special education program/services as recommended above.

OR

☐ Student will receive the following special education program/services:

SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS	FREQUENCY	DURATION	LOCATION	PROJECTED BEGINNING / SERVICE DATE(S)

For a preschool student, reason(s) the child requires services during July and August:

A [REDACTED] is not a pre-school aged student; this section is not applicable.

STUDENT NAME: A [REDACTED] A [REDACTED]

NYC ID: [REDACTED]

COMPENSATORY SERVICES

Compensatory Services - Does the student require additional services to address lost skills and/or lack of expected progress due to the periods of remote and blended learning beginning in March 2020? ☒ No ☐ Yes

The student does not require compensatory services for the following reason(s):

- The student made expected progress toward IEP goals and did not experience a loss in skills during blended and remote learning.

STUDENT NAME: A [REDACTED] A [REDACTED]

NYC ID: [REDACTED]

TESTING ACCOMMODATIONS (TO BE COMPLETED FOR PRESCHOOL CHILDREN ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL CHILDREN): INDIVIDUAL TESTING ACCOMMODATIONS, SPECIFIC TO THE STUDENT'S DISABILITY AND NEEDS, TO BE USED CONSISTENTLY BY THE STUDENT IN THE RECOMMENDED EDUCATIONAL PROGRAM AND IN THE ADMINISTRATION OF DISTRICT-WIDE ASSESSMENTS OF STUDENT ACHIEVEMENT AND, IN ACCORDANCE WITH DEPARTMENT POLICY, STATE ASSESSMENTS OF STUDENT ACHIEVEMENT.

TESTING ACCOMMODATIONS	CONDITIONS*	IMPLEMENTATION RECOMMENDATIONS**
<input type="checkbox"/> NONE		
Breaks	On the New York State Alternate Assessment (NYSAA) and district approved exams lasting longer than 30 minutes in length.	5 minutes every 15 minutes or upon student request
On-Task Focusing Prompts	On the New York State Alternate Assessment (NYSAA) and district approved exams lasting longer than 30 minutes in length.	First/then board with preferred items to improve presented every 5 minutes to improve on task focusing
Other : Manipulatives	On the New York State Alternate Assessment (NYSAA) and district approved exams lasting longer than 30 minutes in length.	Student may use familiar manipulative(s) during literacy and math sections/exams as needed.
Other : Test Read	On the New York State Alternate Assessment (NYSAA) and district approved exams lasting longer than 30 minutes in length.	Questions, passages, and test items including multiple choice questions may be read to the Adrian by a human reader, one more time than the standard number of times.

*Conditions — Test Characteristics: Describe the type, length, purpose of the test upon which the use of testing accommodations is conditioned, if applicable.

**Implementation Recommendations: Identify the amount of extended time, type of setting, etc., specific to the testing accommodations, if applicable.

STUDENT NAME: A A

NYC ID:

BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE, IF DETERMINED APPROPRIATE).

COORDINATED SET OF TRANSITION ACTIVITIES		
NEEDED ACTIVITIES TO FACILITATE THE STUDENT'S MOVEMENT FROM SCHOOL TO POST-SCHOOL ACTIVITIES	SERVICE/ACTIVITY	SCHOOL DISTRICT/AGENCY RESPONSIBLE
Instruction	Deemed not applicable at this time.	Deemed not applicable at this time.
Related Services	Deemed not applicable at this time.	Deemed not applicable at this time.
Community Experiences	Deemed not applicable at this time.	Deemed not applicable at this time.
Development of Employment and Other Post-school Adult Living Objectives	Deemed not applicable at this time.	Deemed not applicable at this time.
Acquisition of Daily Living Skills (if applicable)	Deemed not applicable at this time.	Deemed not applicable at this time.
Functional Vocational Assessment (if applicable)	Deemed not applicable at this time.	Deemed not applicable at this time.

STUDENT NAME: A [REDACTED] A [REDACTED]

NYC ID: [REDACTED]

PARTICIPATE IN STATE AND DISTRICT-WIDE ASSESSMENTS (TO BE COMPLETED FOR PRESCHOOL STUDENTS ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL STUDENTS)
Does the student have a severe cognitive disability, significant deficits in communication/language, and significant deficits in adaptive behavior? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the student require a highly specialized educational program that facilitates the acquisition, application and transfer of skills across natural environments (home, school, community, and/or workplace)? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the student require educational support systems such as but not limited to, assistive technology, personal care services, health/medical services, or behavioral intervention? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> The student will participate in the same State and district-wide assessments of student achievement that are administered to general education students. <input checked="" type="checkbox"/> The student will participate in an alternate assessment on a particular State or district-wide assessment of student achievement.

PARTICIPATE IN STATE AND DISTRICT-WIDE ASSESSMENTS

(TO BE COMPLETED FOR PRESCHOOL STUDENTS ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL STUDENTS)

Identify the alternate assessment:

District Approved/school Alternate assessment

NYSAA

Alternate Assessment Subjects:

ELA

Math

Statement of why the student cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the student:

[REDACTED]

STUDENT NAME: A [REDACTED] A [REDACTED]

NYC ID: [REDACTED]

PARTICIPATION WITH STUDENTS WITHOUT DISABILITIES

REMOVAL FROM THE GENERAL EDUCATION ENVIRONMENT OCCURS ONLY WHEN THE NATURE OR SEVERITY OF THE DISABILITY IS SUCH THAT, EVEN WITH THE USE OF SUPPLEMENTARY AIDS AND SERVICES, EDUCATION CANNOT BE SATISFACTORILY ACHIEVED.

FOR THE PRESCHOOL STUDENT:

Explain the extent, if any, to which the student will not participate in appropriate activities with age-appropriate nondisabled peers (e.g., percent of the school day and/or specify particular activities):

[REDACTED]

FOR THE SCHOOL-AGE STUDENT:

Explain the extent, if any, to which the student will not participate in regular class, extracurricular and other nonacademic activities (e.g., percent of the school day and/or specify particular activities):

[REDACTED]

If the student is not participating in a regular physical education program, identify the extent to which the student will participate in

PARTICIPATION WITH STUDENTS WITHOUT DISABILITIES

specialty-designed instruction in physical education, including adapted physical education:

EXEMPTION FROM LANGUAGE OTHER THAN ENGLISH DIPLOMA REQUIREMENT:

☐ No ☐ Yes - The Committee has determined that the student's disability adversely affects their ability to learn a language and recommends the student be exempt from the language other than English requirement.

STUDENT NAME: A A

NYC ID

SPECIAL TRANSPORTATION

TRANSPORTATION RECOMMENDATION TO ADDRESS NEEDS OF THE STUDENT RELATING TO THEIR DISABILITY

☐ None.

☒ Student needs special transportation accommodations/services as follows:

Transportation from the closest safe curb location to school.

Reason(s) why the student needs special transportation service and/or accommodations:

☐ Student needs transportation to and from special classes or programs at another site:

PLACEMENT RECOMMENDATION

NYC DOE Specialized School

SUMMARY**STUDENT INFORMATION**

Student Name: A A

NYC ID: [REDACTED]	
DOB: [REDACTED]	
Parents Language(s) Spoken/Mode Communication: English	
IEP INFORMATION	
Date of IEP Meeting: 06/13/2023	
IEP Amendment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Reconvene of IEP Meeting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
INSTRUCTIONAL/FUNCTIONAL LEVELS	
Reading:	Kindergarten
Math:	Kindergarten
SUMMARY OF RECOMMENDATIONS	
Classification of Disability: Autism	
Recommended Services:	
Special Education Programs	
Special Class	English
Special Class	English
Special Class	English
Special Class	English
Related Services	
Occupational Therapy	English
Parent Counseling and Training	
Physical Therapy	English
Speech-Language Therapy	English
12-Month Services:	

Special Class	English
Special Class	English
Special Class	English
Special Class	English
Occupational Therapy	English
Parent Counseling and Training	
Physical Therapy	English
Speech-Language Therapy	English

Participate in State and District-Wide Assessments:

The student will participate in an alternate assessment on a particular State or district-wide assessment of student achievement

Identify the alternate assessment:

District Approved/school Alternate assessment

NYSAA

Alternate Assessment Subjects:

ELA

Math

Statement of why the student cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the student:

[REDACTED]

Does A [REDACTED] have a Behavioral Intervention Plan? No

Recommended for Specialized Transportation: ☐ None ☒ Student needs specialized transportation

School Type: NYC DOE Specialized School

Medical Alert: The student has ☐ medical conditions and/or ☐ physical limitations which affect their ☐ learning, ☐ behavior and/or ☐ participation in school activities.

The student requires ☐ medical and/or ☐ health care treatment(s) or procedure(s) during the school day.

Accessibility:

Does the student need an accessible school building? No

Does the student have limited mobility? No

PROMOTION CRITERIA

CURRENT YEAR☐ Standard ☐ Modified**NEXT YEAR**☐ Standard ☐ Modified**Parent Concerns:**

Mom and A■■■■s BCBA were in attendance for the annual IEP meeting on 06/13/2023 via teleconference. Mom was in agreement with academic goals, mandates and recommended services at the time of the meeting. Mom and the BCBA wanted ■■■■ device to be removed. The team agreed on the termination for the use of the Assistive Technology device and the necessary documentation has been completed.

The IEP team will continue to support A■■■■'s academic, social/emotional and behavioral growth by providing Specially Designed Instruction, Positive Behavior Supports, First/Then Board, frequent sensory breaks, Token Economy, Related Services, accommodations and modifications.

OTHER OPTIONS CONSIDERED

- General Education
- Home/Hospital Instruction

STUDENT NAME: A■■■■ A■■■■**NYC ID:** ■■■■**DATE OF IEP MEETING:** 06/13/2023**ATTENDANCE PAGE**

PLEASE NOTE THAT YOUR SIGNATURE REFLECTS YOUR PARTICIPATION AT THE CONFERENCE AND DOES NOT NECESSARILY INDICATE AGREEMENT WITH THE INDIVIDUALIZED EDUCATION PROGRAM.

ROLE (INDICATE IF BILINGUAL)	NAME	SIGNATURE
Related Service Provider/Special Education Teacher	R■■■■ K■■■■	Participated by telephone

ATTENDANCE PAGE		
Parent/Legal Guardian	T [REDACTED] M [REDACTED]	<u>Participated by telephone</u>
District Representative	W [REDACTED] S [REDACTED]	<u>Participated by telephone</u>
Speech and Language Therapist	E [REDACTED] C [REDACTED]	<u>Participated by telephone</u>
Physical Therapist	J [REDACTED] M [REDACTED]	<u>Participated by telephone</u>
Occupational Therapist	P [REDACTED] K [REDACTED]	<u>Participated by telephone</u>
Board Certified Behavior Analyst at home provider (BCBA)	J [REDACTED] C [REDACTED]	<u>Participated by telephone</u>
School Psychologist	W [REDACTED] S [REDACTED]	<u>Participated by telephone</u>